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**GUIDELINES FOR THE REVIEW COORDINATOR
IN PSRO PROGRAMS
AND/OR UTILIZATION REVIEW ACTIVITIES**

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES ADMINISTRATION
BUREAU OF QUALITY ASSURANCE

TO : PSRO Planning, Conditional, and
Support Center Organizations;
DHEW PHS Regional PSRO Consultants

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TECHNICAL ASSISTANCE
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FROM : Director

SUBJECT: Guidelines for the Review Coordinator in PSRO Programs and/or
Utilization Review Activities

A. Introduction

Supportive personnel may be employed by the PSRO or the institution (hospital or long-term care facility) delegated PSRO review or performing Utilization Review for the purpose of conserving physician review time. Such personnel may perform screening functions and data collection, using physician established norms, criteria and standards, as well as other related supportive functions to assist in assuring effective and timely review. Matters requiring medical judgment must be referred to a physician or to a committee of physicians.

Review coordinators represent one category of supportive personnel that has evolved with the development of utilization and medical care review systems. These individuals may function directly under the PSRO, in a hospital delegated PSRO review, or in an institution performing review under the Utilization Review Regulations. The guidelines presented in this technical assistance document may be applied in all of these situations.

No single model for the types and numbers of personnel to be identified as review coordinator(s) can be proposed that will meet the needs of every PSRO or institution delegated review. Such determination will have to be based upon local circumstances. However, considerations should include, at a minimum, the available manpower resources, the anticipated

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volume of reviews to be performed, the scope of responsibility to be assigned to the review coordinator in each setting as well as the proposed working relationships with the physicians participating in the review system. Whatever the plan for employing the category, "review coordinator(s)," in its personnel system, the local group should be able to describe the rationale for that structure in terms of maximizing efficiency in relation to the budgetary provisions for the review program.

In light of the above variables it is possible to assign the title, "review coordinator," to individuals with different types of background, training, and experience. These include: (1) medical records technicians, (2) clerical personnel including ward clerks, (3) medical technicians, (4) registered nurses, (5) licensed practical nurses, (6) former military medical corpsmen, or (7) other clinical personnel whose primary responsibility is related to patient care who perform aspects of required review in an institution. Review coordinators may be employed for the performance of review activities on a full- or part-time basis.

Obviously, the scope of responsibility assigned to the review coordinator will be based upon both the level of decision-making accorded in official guidelines, i.e., only physicians may make denial decisions, and the background qualifications of the individual to be placed in the position. While explicit criteria must be utilized in the review of each admission, certain diagnoses are, in themselves, the justifying criteria. In these latter situations, the individual performing the review coordinator function may be someone who has had experience as a clerk in a hospital admitting office. Alternatively, it may be desirable to have a registered nurse fill the position if the responsibilities include the full spectrum of implementation, coordination, documentation and management of the day-to-day activities that will be necessary to accomplish the review requirements of the PSRO or the Utilization Review Regulations.

B. Purpose of this document

These guidelines are presented to assist those PSROs and/or institutions planning to utilize the services of the review coordinator in determining (a) the qualifications of individuals to be selected for the position, (b) appropriate responsibilities to be assigned to the position(s), and (c)

the organizational mechanisms that will foster effective fulfillment of those responsibilities. The guidelines were derived from reports of experiences of various groups who have utilized review coordinators in medical care review programs.

C. The review coordinator's role

The review coordinator is a staff member of an organized review program functioning within the framework of the PSRO structure or institution performing Utilization Review. Responsibilities of the position relative to the basic requirements of the PSRO or Utilization Review Regulations may include any, all or a combination of the following:

1. Conducting on-site admission certifications and continued stay review;
 - a. Screening each admission against physician established criteria,
 - b. Assigning an initial length of stay based upon regional/local norms,
 - c. Referring cases where criteria have not been met to the next level reviewer, e.g., to a higher level review coordinator or to a physician advisor,
 - d. Assigning an extension of length of stay where criteria justifying an extension have been met,
 - e. Collecting and recording medical and other data needed to document the concurrent review process, etc.
2. Working with institutional personnel to initiate discharge planning.
3. Collecting information and data needed for medical care evaluation studies or other types of retrospective review;
4. Notifying Medicare intermediaries, Medicaid State agencies, the physician, the hospital and, when performing PSRO review, the patient, of review decisions through the mechanisms established by the PSRO or institution performing Utilization Review;
5. Completing reports on PSRO and/or institutional review activities;

6. Maintaining liaison with social, health and community agencies; and/or
7. Serving as liaison between institution, physician and the PSRO.

Details of the role should be specified in position descriptions developed within the PSRO or the institution delegated PSRO review or performing Utilization Review. Examples of additional types of responsibilities that may be assigned to the review coordinator include:

1. Advising and participating, where appropriate, in review programs related to the care and services provided by non-physician health care practitioners (in this review, norms, criteria and standards would have been generated by the non-physician health care practitioner group involved and approved by the PSRO);
2. Identifying medical care evaluation study topics and helping formulate the medical care evaluation study process;
3. Teaching the medical care evaluation study process to members of review teams;
4. Supervising clerical support personnel;
5. Assisting with on-the-job training of new review coordinators;
6. Participating in Utilization Review and/or Medical Care Evaluation Study Committees as appropriate;
7. Coordinating the total range of review activities within the institution;
8. Assisting in the development of PSRO or institutional statistical reports and graphical displays of medical care evaluation studies' results, hospital review performance information, or profiles displaying patterns of care and utilization to institutional committees and review teams.

D. Qualifications of the Review Coordinator

The review coordinator should have background and educational experiences which will establish credibility with physicians and nonphysicians health care professionals involved in the

PSRO or Utilization Review effort. Where clerical personnel are selected for review coordinator positions, for example, these individuals should have knowledge of medical terminology and be able to apply that knowledge in utilizing physician established criteria in performance of the assigned duties. For the individual selected for overall management of the review program in a PSRO or institution delegated review, knowledge of medical and allied health sciences, clinical judgment in relation to the needs for medical/health care, understanding of hospital/agency operations and the total health care system, objectivity, and a combination of interpersonal skills that permit effective interactions with a wide variety of people will be necessary. A knowledge of health care data and/or health care review methods is also desirable where possible.

E. Operational Guidelines for the PSRO or institution employing the Review Coordinator

Although the range of responsibilities of the review coordinator may vary among PSROs and institutions, operational guidelines should be developed that will enable the individual to accomplish the assigned duties with minimal supervision. Suggested minimal guidelines for fulfilling the basic requirements of the PSRO or Utilization Review include the following:

1. An organizational structure and commitment to the review program that will support the review coordinator's role. Such commitment is necessary to assure that review functions retain high priority within the organization.
2. A plan for training the review coordinator that will encompass both theoretical and experiential components requisite for effective job performance. This plan should describe the knowledge and skills desired as training outcomes.
3. An estimated workload based on average cases to be reviewed on a daily, monthly or yearly basis.
4. Designation of physician advisor(s) prior to implementation of the review program to whom the review coordinator will direct questions concerning the necessity, appropriateness and quality of medical care.
5. Designation of the administrative supervisor of the review coordinator, e.g., quality assurance director in the PSRO

or institution, review coordinator supervisor, designated member of the institution's medical staff or administrative staff.

6. Where the review coordinator participates in the review of care provided by health care practitioners other than physicians, establishment of appropriate mechanisms for directing questions pertaining to the discipline(s) involved.
7. Clearly outlined procedures for conducting the types of review to be assigned to the review coordinator.
8. Peer generated and approved criteria sets for each discipline whose care is to be reviewed and length of stay norms for admission certification and continued stay review to be utilized by the review coordinator.
9. Recording and reporting forms and the time schedules to be met.
10. Mechanisms for assuring the confidentiality of data collected in the review process.
11. Clearly designated channels for communication available to the review coordinator.
12. A plan for evaluating the effectiveness of the review coordinator's performance and for providing feedback to the employee.

Enclosed is a proposed model for PSRO review coordinator staff levels. This is a model only designed to convey the career ladder concept in this new position category within the health care review system. This model staffing structure would be most applicable probably in a Statewide PSRO or in a PSRO with several large hospitals.



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Enclosure

A PROPOSED MODEL FOR PSRO REVIEW COORDINATOR STAFF LEVELS

Grade-Suggested Titles	Proposed Progression of Typical Tasks Assigned	Suggested Level of Responsibility	Minimal Required Qualifications	Possible Categories of Health Care Workers to Fill the Position
I First Level Review Coordinator (Abbr. I-RC)	<ol style="list-style-type: none">1. Identifies patients for initial certification.2. Performs AC for selected patients using explicit criteria for justifying admission.3. Notifies next level R.C. (in the hospital) when criteria for admission have not been met.4. Abstracts data from records and maintains files of data necessary for reporting.	<ol style="list-style-type: none">1. Works under close supervision of a higher level RC (II or III) for total range of tasks.2. Receives guidance from Physician Advisor in matters relating to AC of those categories of patients assigned.3. Is assigned to a single hospital.	<ol style="list-style-type: none">1. Knowledge of Medical terminology.2. Understanding of hospital organizational structure.3. Sufficient experience in the hospital care system to establish credibility with physicians.4. Ability to apply criteria in performance of AC or data abstraction.	<ol style="list-style-type: none">1. Medical records technician with 3 years of experience.2. Licensed practical nurse with 4 years of experience in hospitals.3. Medical technician with 4 years of hospital experience.4. Former military medical corpsman with at least one year of civilian hospital experience.5. Registered nurse with one year of hospital experience.
II Intermediate Review Coordinator (Abbr. II-RC)	<ol style="list-style-type: none">1. Performs AC for all patients for whom level of care criteria are applied in justifying admission certification.2. Conducts CSR including those patients certified at admission by level I-RC.3. Performs and coordinates data collection for MCEs and profiles.4. Works with Physician Advisor or regarding cases needing peer review in AC and CSR.5. Supervises work of Level I-RC.6. Prepares reports to be directed to PSRO, fiscal intermediaries etc.	<ol style="list-style-type: none">1. Works under supervision of higher level RC (III or IV) who may not be physically present in the hospital on a daily basis.2. Manages day-to-day activities necessary to accomplish an effective review program in a hospital.3. May serve as the RC for more than one hospital depending upon hospital size.4. May serve as "float" RC during absence of regular RC.	<ol style="list-style-type: none">1. Demonstrated clinical judgment in relation to patient's needs for medical/health care.2. Understanding of the total health care system in the community.3. Basic comprehension of the audit process.4. Demonstrated ability to establish effective working relationships with a variety of personnel.5. Ability to comprehend required data elements.	<ol style="list-style-type: none">1. Medical records librarian with 4 years of experience.2. Former military medical corpsman with both civilian hospital experience and an appropriate type of management experience.3. Registered nurse with at least two years of direct patient care experience.4. Individual who has served as Utilization Review Coordinator.

Grade-Suggested Titles	Proposed Progression of Typical Tasks Assigned	Suggested Level of Responsibility	Minimal Required Qualifications	Possible Categories of Health Care Workers to Fill the Position
III Senior Review Coordinator (Abbr. III-SRC)	<ol style="list-style-type: none"> 1. Oversees and manages day-to-day activities necessary to accomplish the required PSRO review in a large hospital or in several hospitals on a regional basis within the PSRO area. 2. Teaches audit methodology to hospital personnel. 3. Participates in the teaching of levels I and II-RCs. 4. Supervises work of level I and II RCs and clerical support staff. 5. Assists in the screening of applicants for review coordinator positions. 6. Performs public relation duties regarding the PSRO program in the community. 	<ol style="list-style-type: none"> 1. Works under the supervision of the RCS (level IV) or Quality Assurance Director, etc. in hospital or at the PSRO. 2. Functions quite independently in planning work schedules and setting priorities. 3. May be responsible for implementing the PSRO review system in a hospital. 4. May serve in the role of "acting" RCS (level IV) in the absence of that individual. 5. Prepares performance appraisal reports of personnel supervised. 	<ol style="list-style-type: none"> 1. Substantial experience in field of clinical care. 2. Knowledge of and ability to teach the audit process. 3. Ability to teach the CR process to levels I and II RCs. 4. Supervisory skills 5. Communication skills 6. Performance appraisal skills. 	<ol style="list-style-type: none"> 1. Former military Medical Corpsman with creditable civilian hospital experience, training, supervising and management skills. 2. Registered nurse with recent clinical care experience, and teaching and/or supervisory experience. 3. Utilization review coordinator with knowledge of both UR and audit.
IV Review Coordinator Supervisor (Abbr. IV-RCS)	<ol style="list-style-type: none"> 1. Supervises and coordinates the total spectrum of review coordinator activities in a PSRO. 2. Plans and provides formal training programs for new RCs employed by the PSRO. 3. Arranges and participates in on-site field instruction of new RCs in their assigned hospitals. 4. Prepares training manuals for RCs. 5. Plans and provides training relating to PSRO requirements for RCs employed by hospitals delegated review. 6. Recruits and screens applicants for RC positions. 	<ol style="list-style-type: none"> 1. Works under the administrative and technical direction of the Quality Assurance Director in the PSROs. 2. Participates in policy decisions regarding RCs in the PSRO program. 3. Prepares performance appraisal reports or summaries of RCs in the PSRO program. 4. Participates in the evaluation of cost effectiveness of the PSRO review system. 5. Serves as a public relations agent for the PSRO within the area and with the total RC population. 	<ol style="list-style-type: none"> 1. Knowledge of the total PSRO review system. 2. Teaching skills. 3. Supervisory skills. 4. Management skills. 5. Communication skills with demonstrated writing ability. 6. Performance appraisal skills. 	<ol style="list-style-type: none"> 1. Registered nurse who has had experience in a review system such as Medical Care Foundation, EMCR0 project, intermediary or state agency review program, etc., or at lower level RC. 2. Utilization review coordinator with knowledge and skill in both UR and audit. 3. Health educator with experience in teaching review methodology and management.

Note: It is expected that at each successive level assigned, the RC would be able to perform all the tasks identified in positions at a lower level and would, in fact, perform such tasks if the PSRO determined not to use the 4-grade Model or in any other absence of a lower level RC.

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